

Sep 17 20, 09:37a

AMERICA'S TAX SERVICES

8434205347

p.1

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100

Fax: (803) 896-5199

2020-228-T

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 09/10/2020

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

RECEIVED
SEP 17 2020
PSC SC
CLERK'S OFFICE

1. Whirlwind Logistics Care, LLC

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name)

115 E. main Street Timmonsville SC 29161

Street Address of Applicant

1812 Lake Blalock Dr Florence SC 29501

Mailing Address of Applicant (if different from street address)

843-615-0119 | 843)420-5015

Phone

Fax

Whirlwind Logistics@aol.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship☐ Partnership - List names and address of all person having an interest in the business.☐ Corporation - List names and addresses of two principal officers.

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ACCEPTED FOR PROCESSING - 2020 September 17 1:26 PM - SC PSC - 2020-228-T - Page 1 of 10

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	<input type="text"/>	Mortgage/Loan on Real Estate	<input type="text"/>
Value of Motor Vehicles	<input type="text"/>	Loans Owed on Motor Vehicles	<input type="text"/>
Cash on Hand	<input type="text" value="2500.00"/>	Business/Other Loans Owed	<input type="text"/>
Cash in Bank	<input type="text" value="16,542.00"/>	Other Liabilities or Debts	<input type="text"/>
Value of Other Assets and Equipment	<input type="text"/>	Total Liabilities	<input type="text" value="N/A"/>
Total Assets	<input type="text" value="\$19,042.00"/>		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 1.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

Sep 17 20, 09:37a

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8434205347

p.3

PROPOSED RATES AND CHARGES FOR SERVICEProposed Rates and Charges:

\$1.00 per mile

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
 You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|--|--|--|--|--|
| <input checked="" type="checkbox"/> Abbeville | <input checked="" type="checkbox"/> Cherokee | <input checked="" type="checkbox"/> Florence | <input checked="" type="checkbox"/> Lee | <input checked="" type="checkbox"/> Saluda |
| <input checked="" type="checkbox"/> Aiken | <input checked="" type="checkbox"/> Chester | <input checked="" type="checkbox"/> Georgetown | <input checked="" type="checkbox"/> Lexington | <input checked="" type="checkbox"/> Spartanburg |
| <input checked="" type="checkbox"/> Allendale | <input checked="" type="checkbox"/> Chesterfield | <input checked="" type="checkbox"/> Greenville | <input checked="" type="checkbox"/> Marion | <input checked="" type="checkbox"/> Sumter |
| <input checked="" type="checkbox"/> Anderson | <input checked="" type="checkbox"/> Clarendon | <input checked="" type="checkbox"/> Greenwood | <input checked="" type="checkbox"/> Marlboro | <input checked="" type="checkbox"/> Union |
| <input checked="" type="checkbox"/> Bamberg | <input checked="" type="checkbox"/> Colleton | <input checked="" type="checkbox"/> Hampton | <input checked="" type="checkbox"/> McCormick | <input checked="" type="checkbox"/> Williamsburg |
| <input checked="" type="checkbox"/> Barnwell | <input checked="" type="checkbox"/> Darlington | <input checked="" type="checkbox"/> Horry | <input checked="" type="checkbox"/> Newberry | <input checked="" type="checkbox"/> York |
| <input checked="" type="checkbox"/> Beaufort | <input checked="" type="checkbox"/> Dillon | <input checked="" type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input checked="" type="checkbox"/> Berkeley | <input checked="" type="checkbox"/> Dorchester | <input checked="" type="checkbox"/> Kershaw | <input checked="" type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input checked="" type="checkbox"/> Calhoun | <input checked="" type="checkbox"/> Edgefield | <input checked="" type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input checked="" type="checkbox"/> Charleston | <input checked="" type="checkbox"/> Fairfield | <input checked="" type="checkbox"/> Laurens | <input checked="" type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
- ☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL CHAIR LIFT

INSURANCE QUOTE**This form MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Tonya Tawanda Dickey

Name of Applicant

115 E. main street Timmons ville SC 29161

Address of Applicant

Amount of Premium:

Liability Insurance \$ ~~1,000,000~~ 13,165

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

See attached

Limits Quoted

Liability Combined Each Occurance	\$ 1,000,000	1,000.00
Medical Payments per Person	\$ 1,000	\$ 1,000

Durham Specialty Insurance LLC

Name of Insurance Company

300 Magna Carta Rd Florence SC 29501

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Sep 17 20, 10:38a

AMERICA'S TAX SERVICES

8434205347

p.1

9/17/2020

Gmail - Fwd: Tonya Dickey - [SYS*REF#3675702]



terrance burgess <freight2gollc@gmail.com>

Fwd: Tonya Dickey - [SYS*REF#3675702]

William Durham <durham:specialtyins@gmail.com>
To: freight2gollc@gmail.com

Wed, Sep 16, 2020 at 5:04 PM

----- Forwarded message -----

From: John H. Altizer <John_Altizer@rpsins.com>
Date: Wed, Sep 16, 2020 at 4:36 PM
Subject: Tonya Dickey - [SYS*REF#3675702]
To: William Durham <durham:spec allyins@gmail.com>

Christian-

Rating this as non-emergency and not equipped for handicapped; and clear MVR, NICO is at:

Coverage	Limit	Premium Summary
Liability	\$1,000,000 CSL	\$9,700
Uninsured Motorists	\$100,000 CSL	\$742
Underinsured Motorists	\$100,000 CSL	\$742
Medical Payments	\$5,000	\$557
Physical Damage	See Each Vehicle	\$1,424
Total Insured Value	\$8,000	

Total Policy Premium - Annual \$13,365



**Risk Placement
Services -
Transportation**

John H. Altizer, CPCU, CIC, AIS
Senior Underwriter
Direct: +1 704 254 0121 | Fax: 704 972 1666
Risk Placement Services, Inc. | Transportation
2115 Rexford Rd Suite 820 | Charlotte | NC | 28112

John_Altizer@rpsins.com | RPSins.com | f t in [Rate your RPS experience! Great *** Good ** OK*

Coverage cannot be bound, altered, nor removed, and ratings are not considered in force, until confirmed in writing by a representative of RPS, Inc. or in compliance with our currently published rules. This email and any attachment is for use only by the named recipient(s) and may contain confidential material. If you receive this in error, please contact the sender and delete the material from any computer.



--
William C Durham
Durham Specialty Insurance
843-676-5445

Sep 17 20, 09:38a

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8434205347

p.6

Exhibit Fit, Willing, and Able (FWA)

Tonya Tawanda Dickey

Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Janyia Jankunda Dickey
Applicant's Signature

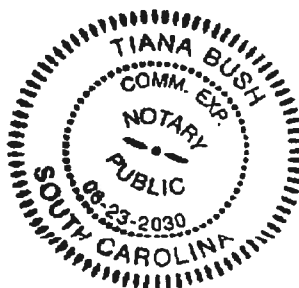
Duper
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Florence)

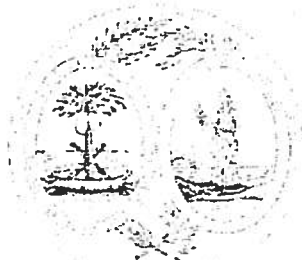
SWORN TO BEFORE ME
This 15th day of September 2020

Tiana Bush
Notary Public

Commission Expires 06/23/2030



The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Whirlwind Logistics Care LLC, a limited liability company duly organized under the laws of the State of South Carolina on September 14th, 2020, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 14th day
of September, 2020.

A handwritten signature of Mark Hammond in black ink.
Mark Hammond, Secretary of State